

Resident Impressions of the Clinic Experience:

Impact of the 2+2 Model

Authors: Katherine Hartl, MD. Julie Armin, PhD. William Collins, BA. Jessie Pettit, MD, IBCLC.

INTRO

A 2+2 residency schedule was implemented for interns in July 2018. This balances patient care responsibilities between the ambulatory and hospital settings. The intent is to facilitate an increased level of competence and confidence in both clinical settings. It is expected to improve resident, staff, faculty and patient satisfaction.

Goal: Evaluate the residents' impressions of their clinic experiences across PGY levels following these changes.

METHODS

1. Focus Groups (N = 18) and surveys (N=15) to collect qualitative and quantitative impressions of the clinic experience, stratified by PGY level.
2. Evaluated themes, subthemes, moods and descriptive phrases in each group and then compared these in the context of each pre-identified question, stratified by PGY level.

RESULTS

Admin time was identified as desired or valuable in all three groups. Reliability of electronics and support staff were cause for frustration in senior residents. Interns exhibited less frustration with their clinic experience than senior residents. All residents found clinic to be exhausting.

DISCUSSION

There was a difference in perceptions of the clinic experience with a positive impression from interns and a conflicted impression from senior residents. Senior residents expressed a lack of joy in their clinic work that was not expressed from the intern cohort. These results elucidated tools that our clinic could consider to build a better resident experience, specifically regular admin time, dependable technology and a stable staff base through MA/LPN retention. It could also be beneficial to explore impressions of faculty, staff and patients towards the changes, moving forward.



Take a picture to
download the full paper



Interns described positive patient encounters and the benefits of administrative time on patient care within the 2+2 curriculum.

Although **senior residents** had positive experiences with patient continuity, these were outweighed by systems issues within the clinic.

What do you like best about clinic

continuity, gratifying to see patients come back, the patients' stories. Admin time to address referrals and patient issues.

continuity

I like clinic, but.....

What do you like least about clinic

exhausted

exhausted. dread it. high volume and limited time to provide quality care. Rushed. Delays due to preceptors. EHR issues

poorly functioning. Computers/printers don't work. Lost time due to this. Doing IT work. Inbasket, I hate it, worst part of residency. No admin time.

ABOVE: Consolidated responses to select focus group questions, organized by PGY level. Senior residents discussed frustrations while interns primarily discussed positive patient encounters and the benefit of admin time.

BELOW: Results of select survey questions organized by PGY level. 3rd year residents spent the least amount of time charting after clinic sessions. 2nd years had the largest range of expected lead time for getting patients in for follow ups.

Blue = intern. Green = 2nd year. Red = 3rd year.

